

## Exhibit "E"

1. Sick-call requests
2. Utilization Management Referral Review Form
3. Daily Patient Assessment Sheet
4. PHS Nursing Evaluation Tools
5. Emergency



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Debra Clackler Date of Request: 3/26/05  
 ID # 159516 Date of Birth: 11/26/54 Location: 10A-11B  
 Nature of problem or request: I am having continuous pain in my abdomen and both sides. I feel a tightness in both sides. I have a gross-green gel-like substance in my bowel movement at times. I cannot have a bowel movement without a laxative.

Debra Clackler  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/28/05  
 Time: 8:30 AM PM  
 Allergies: Codine

RECEIVED
Date: <u>3/28/05</u>
Time: <u>8:30</u>
Receiving Nurse Initials <u>MC</u>

(S)ubjective: I'm having pain to my stomach and am sore in between my side all the way to my back. I'm having a problem with constipation.

(O)bjective (V/S): T: 98 P: 52 R: 20 BP: 114/72 WT: 162  
02 Sat 9870

(A)ssessment: Constipation / abd and back pain

(P)lan: Oral review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

RECEIVED  
MAR 28 2005

[Signature]  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST

May 08 2005

Print Name: Debra Clackler Date of Request: 5-8-05  
ID # 159516 Date of Birth: 11-26-54 Location: Dorm 3 Bed 24B  
Nature of problem or request: Abdominal pain. Also pain + burning in both sides. When I eat and drink something the pain and burning gets worse and my abdomen swells. Feel weak and faint and have difficulty breathing when I lay down.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/8/05  
Time: 8:40 AM ~~PM~~  
Allergies: Codine

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>
---

(S)ubjective: My Rep & abd as swollen & soft

(O)bjective (V/S): T: 98.5 P: 86 R: 20 BP: 112/70 WT: \_\_\_\_\_

(A)ssessment: swelling ? etio

Tests ordered on 4/12/05 - not yet done

(P)lan: ? Reason

Refer to: MD/PA Mental Health Dental Daily Treatment  
CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE (☒) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No (☒)  
Was MD/PA on call notified: Yes ( ) No (☒)

McCrone RN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS 1183

E1-3



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow up

Print Name: Debra Clackler Date of Request: 5-26-05  
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 3 Bed 26B  
 Nature of problem or request: Constipation. I would also like to know what the outside doctor said after examining me on May 16.

Debra Clackler  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/27/05  
 Time: 9:25 AM PM  
 Allergies: Codine

RECEIVED	
Date:	<u>5/27/05</u>
Time:	<u>9:25</u>
Receiving Nurse Initials	<u>PA</u>

(S)ubjective: Constipation & would like to know if I can have the liquid for constipation

(O)bjective (V/S): T: 98<sup>3</sup> P: 44 R: 18 BP: 103  
02 Sat 9770

(A)ssessment: Constipation / no referral for consult

(P)lan: MD review  
MD referral for consult from outside

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ☒ ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

AMiller  
 SIGNATURE AND TITL

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0156

Will have  
 Lipoma removed!  
Ehr

E1-4



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow up: 3rd request

Print Name: Debra Clackler Date of Request: 6-16-05  
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 3 Bed 26B  
 Nature of problem or request: Breasts are extremely sore and painful. The fibroid cysts have increased and spread to my underarm and the inside of my upper arm. I need to be scheduled for another mammogram. My last mammogram was July 2003.

Debra Clackler  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/17/05  
 Time: 9:10 AM ☒ PM  
 Allergies: Codine

RECEIVED
Date: <u>6/17/05</u>
Time: <u>9:10</u>
Receiving Nurse Initials <u>JD</u>

(S)ubjective:

"My breast are sore and painful @ breast has thickens to area would like to have mammogram scheduled

(O)bjective

(V/S): T: 98° P: 48 R: 20 BP: 118/70 WT: 166  
025 at 9707

(A)ssessment:

c/o painful breast / discuss mammogram

(P)lan:

MD exam  
MD follow up: mammogram

Sched mammogram 6/24/05

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Amelia  
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0154

E 1-5



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clackler, Debra Date of Request: 7-21-05  
 ID # 159516 Date of Birth: 11-26-54 Location: 12-47B  
 Nature of problem or request: Bowel obstruction. Pain + swelling in center and right side of abdomen. Low heart rate. Weakness and shortness of breath.

Debra Clackler  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/21/05  
 Time: \_\_\_\_\_ AM PM  
 Allergies: None

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: <u>7:21 2005</u></p> <p>Receiving Nurse Initials <u>QY</u></p>
--

(S)ubjective: My heart rate is low I get cold and I am hard to catch my breath some times I have scar tissue from a gall bladder surgery or being so close to me. I need to have bowel

(O)bjective (V/S): T: \_\_\_\_\_ P: 52 R: 18 BP: 100/60 WT: 164

Skin warm and dry to touch pt breathes with ease pulse low. Bowel sounds present x 4 Abdomen distended

(A)ssessment: Alteration in comfort low pulse and hard to have bowel movement

(P)lan: MD L3+

7/25/05  
(u)

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

[Signature]  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0150

E 1-6



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Follow-up

Print Name: Debra Clackler Date of Request: 10-21-05  
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 - Bed 478  
 Nature of problem or request: Pain and swelling in upper abdomen and both sides.  
Chronic constipation. Soreness in center of abdomen. I get nauseated after eating.

Debra Clackler

Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 10/22/05  
 Time: 8:32 (AM) PM  
 Allergies: Codine

RECEIVED	
Date:	<u>OCT 21 2005</u>
Time:	
Receiving Nurse Initials	

(S)ubjective:

See NET tool

(O)bjective

(V/S):

T:

984

P:

\*48

R:

18

BP:

132/78

WT:

(A)ssessment:

(P)lan:

MD list mem po 9hs  
30cc x 3 days

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

M. Robinson MD

SIGNATURE AND TITLE

mw 10/24/05

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0141



Facility: Tutwiler Correctional Facility  
 Patient Name: Clackler Debra  
 Inmate Number: 159516 Last  
 Date of Birth: 11 / 26 / 1954 First  
 Date of Report: 10 / 22 / 2005 MM DD YYYY  
 Time Seen: 832 AM/PM Circle One

Subjective: Chief Complaint: Chronic constipation; soreness ABD; pain/swelling  
 Onset: July 2005  
 History: after surgery in June this began occurring & stomach  
 (Continue on back if necessary) swelling after eating

Pain Description: ☒ Sharp ☒ Dull ☐ Crampy ☐ Burning  
☐ Intermittent ☒ Constant ☐ Radiation to: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
 Location: ☐ RUQ ☒ LUQ  
☐ RLQ ☒ LLQ  
☐ Epigastric ☒ Diffuse

Last BM: 10/21/05 ☐ Normal ☒ Constipation ☐ Diarrhea x stools Color change: ☐ No ☐ Yes:  
 Associated symptoms: Nausea ☐ No ☒ Yes Vomiting: ☐ No ☒ Yes (x) Painful urination ☐ No ☐ Yes  
 Back pain ☐ No ☒ Yes Other: \_\_\_\_\_

\* FEMALE: LMP: menopausal Vaginal Discharge: ☐ No ☒ Yes (Describe): pinkish, watery 9 other week  
 Pregnancy Test: negative / positive / NA (Circle One) \* The possibility of pregnancy exists for any female of potential childbearing age unless a  
 bilateral oophorectomy or hysterectomy has been performed.

Objective: Vital Signs: (If Indicated) T: 98.4 P: 48 RR: 18 B/P: 132 / 78 x 2 day

General appearance: ☒ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up  
 Skin: ☒ Warm ☐ Cool ☒ Dry ☐ Moist/clammy Skin Color: ☒ Normal ☐ Pallor ☐ Flushed ☐ Jaundice  
 Mucous Membranes: ☒ Moist ☐ Dry

#### ABDOMINAL EXAM

Bowel sounds: ☐ Present ☒ Decreased ☐ Absent  
 Abdomen: ☐ Soft ☐ Guarding ☒ Distended ☐ Non-Tender ☒ Tender middle of ABD & LUQ  
 Pain induced/increased with: Walking ☐ No ☐ Yes  
 Pain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes

☐ Additional Examination:  
 (Continue on back if necessary)

#### Assessment: (Referral Status)

☐ Referral Not Required

Preliminary Determination(s): \_\_\_\_\_

☒ Referral Required due to the following: (Check all that apply)

- ☒ Abnormal Vital Signs ☐ Distended/rigid abdomen  
☐ Bloody or "Tarry" stools ☐ Pallor, moist clammy skin  
☐ Other: \_\_\_\_\_ ☒ Persistent Nausea and/or vomiting  
☒ Recurrent Complaint (More than 2 visits for the same complaint)

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

#### Plan:

Check All That Apply:

- ☒ Instructions to return if condition worsens or does not improve  
☒ Education on bowel elimination ☒ Education on Lifestyle Modifications to prevent reflux  
☒ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)  
☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☒ Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO  
☐ Other OTC Medications given ☐ NO ☐ YES (If Yes List): \_\_\_\_\_

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): PCU

Date for referral: 10 / 24 / 05 MM DD YYYY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

x M. Robinson, RN  
 Nurses Signature

M. Robinson, RN  
 Printed



**Plus**

RECEIVED NOV 18 1961

~~05a - UM Referral review form~~

~~Exams done in house by [illegible] Diagnostic~~

~~ID not approved M. Moore HSA 11/17/05~~

PAGE 08

## DAILY PATIENT ASSESSMENT SHEET

PHS-MD-70055

Date/Time	Inmate's Name: Lichun, Dehu	D.O.B.: 11/26/54
6/24/05 3 <sup>PM</sup>	S - "Good Morning" O - V.S. assessed. 98% - 146/116 - 98/50. V Pulse. Encouraged to cough & deep breathe and to splint incisional area. Dressing to D lateral abdomen C&I. No complaints noted. Resp. even & regular. O <sub>2</sub> Sat. 98% Rt. Skin warm, dry, pink. No s/s of infection. A - Alteration in comfort RLT & IP lipoma. P - Continue plan of care. E - Keep area clean & dry. ↑ fluid intake. Splint incisional area & Pillow & cough & deep breathe. <i>dfayj</i>	
6/26/05 8 <sup>AM</sup>	S - No comments at this time. O - VS - T 97° (P50), B/P 118/78, R18 O <sub>2</sub> Sat 96% A - Alert & O x 3. Skin w/d to touch. Resp. even & unlabored. Drydsg intact to Lt side of abd. A - Alteration in comfort RLT & IP lipoma P - Cont. Plan of CARE. E - Keep dsg dry. Contact nurse if having any problems. — <i>C Smith</i>	
6/27/05 12 <sup>PM</sup>	S - Resting quietly. O - VS. 100/80 - 97 - 30-20 SpO <sub>2</sub> 94% Pulse decreased, skin color pink and dry A - noted surgical dressing dry and intact to left side of abdomen. no pain. P - Cont Plan of care. E. Encouraged to increase fluids, and deep breathe. <i>L. Dineen</i>	

PHS

## Nursing Evaluation Tool:

Abdominal Pain

E 4-1

Facility: Tutwiler Correctional Facility

Patient Name: ClacklerDebraInmate Number: 159516

Last

First

Date of Birth: 11 / 26 / 1954Date of Report: 10 / 22 / 2005

MM

DD

YYYY

Time Seen: 832

AM

PM

Circle One

Subjective: Chief Complaint: Chronic constipation; soreness ABD; pain/swellingOnset: July 2005

History:

(Continue on back if necessary)

after surgery in June this began occurring 2 stomach swelling after eatingPain Description: ☒ Sharp ☒ Dull ☐ Crampy ☐ Burning  
☐ Intermittent ☒ Constant ☐ Radiation to: \_\_\_\_\_  
☐ Other: \_\_\_\_\_Location: ☐ RUQ ☒ LUQ  
☐ RLQ ☒ LLQ  
☐ Epigastric ☒ DiffuseLast BM: 10/21/05☐ Normal☒ Constipation☐ Diarrhea x

stools

Color change: ☐ No ☒ Yes:Associated symptoms: Nausea ☐ No☒ YesVomiting: ☐ No☒ Yes (x)Painful urination ☒ No ☐ Yes

Back pain

☐ No☒ Yes

Other: \_\_\_\_\_

\* FEMALE: LMP: menopausal

MM

DD

YYYY

Vaginal Discharge: ☐ No ☒ Yes (Describe): pinkish, watery 9 other week

Pregnancy Test: negative / positive / NA (Circle One)

\* The possibility of pregnancy exists for any female of potential childbearing age unless a bilateral oophorectomy or hysterectomy has been performed.

Objective: Vital Signs: (If Indicated) T: 98.4P: 48RR: 18B/P: 132 / 78General appearance: ☒ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn upSkin: ☒ Warm ☐ Cool ☒ Dry☐ Moist/clammySkin Color: ☒ Normal ☐ Pallor ☐ Flushed ☐ JaundiceMucous Membranes: ☒ Moist ☐ Dry

## ABDOMINAL EXAM

Bowel sounds: ☐ Present ☒ Decreased ☐ AbsentAbdomen: ☐ Soft ☐ Guarding ☒ Distended☐ Non-Tender ☒ Tender

Location

Pain induced/increased with: Walking ☒ No ☐ YesPain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes☐ Additional Examination: \_\_\_\_\_

(Continue on back if necessary)

## Assessment: (Referral Status)

☐ Referral Not Required☒ Referral Required due to the following: (Check all that apply)☒ Abnormal Vital Signs☐ Distended/rigid abdomen☐ Bloody or "Tarry" stools☐ Pallor, moist clammy skin☐ Other: \_\_\_\_\_

Preliminary Determination(s): \_\_\_\_\_

☒ Persistent Nausea and/or vomiting☒ Recurrent Complaint (More than 2 visits for the same complaint)

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

## Plan:

Check All That Apply:

☒ Instructions to return if condition worsens or does not improve☒ Education on bowel elimination☒ Education on Lifestyle Modifications to prevent reflux☒ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☒ Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO☐ Other OTC Medications given ☐ NO ☒ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☒ YES (If Yes, Whom/Where): etcDate for referral: 10 / 22 / 05

MM

DD

YYYY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time

x

Nurses Signature: M. Robinson, RN

Nurses Signature

Name: M. Robinson, RN

Printed

DH 11/18/1



**PHS**

## Nursing Evaluation Tool:

Abdominal Pain

E4-2

Facility: Alabama Department of Corrections			
Patient Name: <u>Clackler, Debra</u>			
Inmate Number: <u>159516</u>	First	Date of Birth: <u>11/26/54</u>	MI
Date of Report: <u>2/12/06</u>	MM	DD	YYYY
Time Seen: <u>7:45</u>		AM	PM Circle One

**Subjective:** Chief Complaint: I'm having a lot of abdominal pain, back  
 Onset: pain, & nausea & H/A

History:

(Continue on back if necessary)

Treated for this problem in past & antibiotics & pain med

Pain Description: ☐ Sharp ☐ Dull ☐ Crampy ☒ Burning  
☒ Intermittent ☐ Constant ☐ Radiation to: Back Location: ☐ RUQ ☐ LUQ  
☐ Other: this an (Dulcolax # po on 2/10/06) 3 stools yes. ☐ RLQ ☐ LLQ  
☒ Epigastric ☐ Diffuse

Last BM: this an ☐ Normal ☐ Constipation ☒ Diarrhea x 1 stools Color change: ☐ No ☐ Yes:  
 Associated symptoms: Nausea ☐ No ☒ Yes Vomiting ☐ No ☒ Yes (x 2) Painful urination ☐ No ☐ Yes  
 Back pain ☐ No ☒ Yes Other:

**Objective:** Vital Signs: (If Indicated) T: 98.1 P: 54 RR: 16 B/P: 144/82

General appearance: ☐ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up  
 Skin: ☐ Warm ☐ Cool ☒ Dry ☐ Moist/clammy Skin Color: ☒ Normal ☐ Pallor ☐ Flushed ☐ Jaundice  
 Mucous Membranes: ☒ Moist ☐ Dry

**ABDOMINAL EXAM**

Bowel sounds: ☒ Present ☐ Decreased ☐ Absent  
 Abdomen: ☒ Soft ☐ Guarding ☐ Distended ☐ Non-Tender ☒ Tender Epigastric  
 Location

Pain induced/increased with: Walking ☒ No ☐ Yes

Pain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes

☒ Additional Examination: Tenderness to abdomen & palpation  
 (Continue on back if necessary)

☐ Check Here if continued on back

**Assessment: (Referral Status)**

☐ Referral Not Required

☒ Referral Required due to the following: (Check all that apply)

☐ Abnormal Vital Signs ☐ Distended/rigid abdomen  
☐ Bloody or "Tarry" stools ☐ Pallor, moist clammy skin

☐ Other:

Preliminary Determination(s): Alteration in comfort  
RLT pain

☐ Persistent Nausea and/or vomiting  
☒ Recurrent Complaint (More than 2 visits for the same complaint)

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

**Plan:**

Check All That Apply:

☒ Instructions to return if condition worsens or does not improve

☒ Education on bowel elimination

☐ Education on Lifestyle Modifications to prevent reflux

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☐ Maglox 30 cc PO X1 dose

☒ Other OTC Medications given ☐ NO ☒ YES (If Yes List): Pepto Bismol tabs # po now x 1

Referral: ☐ NO ☐ YES (If Yes, Whom/Where):  Date for referral: //

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):  Time:

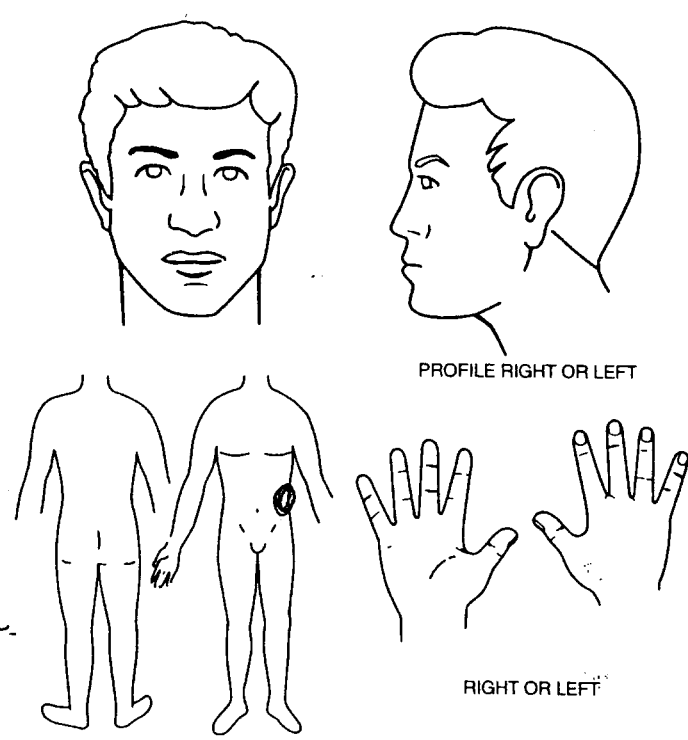
x L. Brainer RN  
 Nurses Signature

Name: Lynda F. Brainer RN  
 Printed

PHS 0180

ES

# EMERGENCY

DATE <u>9/2</u> TIME <u>11:47</u> AM <input checked="" type="checkbox"/> PM		ORIGINATING FACILITY <u>JTC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT																			
Cokeine		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																					
NS: TEMP <u>97.7</u>	ORAL RECTAL	RESP. <u>16</u>	PULSE <u>50</u>	B/P <u>118/66</u>	RECHECK IF SYSTOLIC <100> 50 <u>1</u>																		
OF INJURY OR ILLNESS <u>O2 sat 97%</u>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ABRASION ///</td> <td>CONTUSION #</td> <td>BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> <td>FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> <td>LACERATION / SUTURES</td> </tr> </table>			ABRASION ///	CONTUSION #	BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LACERATION / SUTURES													
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<p>I'm having abdominal pain across abdomen and being on sides of upper abdomen. I have had a BM today. LMP 5/25/02 at Atlanta Emory '88.</p> <p>Wt. 165</p> <p>Building to 1 side, hard mass. Have been on outside de. No pain or being on medication just pain in abdomen. Able to stand erect. Hypoactive bowel sounds. Burning-like pain. Fast Shw Temp. Tachycardia in '79. Abdomen soft. Wt - normal</p> <p>A - Alteration in comfort R/t Abdominal Pain</p> <p>P - M/D to see if fluid intake.</p> <p>E - Stay away from green spray food. If fluid intake</p>			 <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>																				
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr> <td><u>Turns it po now</u></td> <td></td> <td><u>AB</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	<u>Turns it po now</u>		<u>AB</u>												
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																					
<u>Turns it po now</u>		<u>AB</u>																					
DIAGNOSIS																							
INSTRUCTIONS TO PATIENT																							
DISCHARGE DATE <u>6/10/05</u> TIME <u>12:00</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		RELEASE / TRANSFERRED TO <u>Donn</u>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																			
NURSE'S SIGNATURE <u>[Signature]</u> DATE <u>6/13/05</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u> DATE <u>6/13/05</u>		CONSULTATION																			
INMATE NAME (LAST, FIRST, MIDDLE) <u>Clackson, Deborah</u>			DOC# <u>159516</u>	DOB <u>11/26/54</u>	R/S <u>W/F</u>																		
			FAC. <u>JTC</u>																				

PH50182